



## PART B - FEE(S) TRANSMITTAL

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7590 10/01/2004

WILLIE KRAWITZ  
3001 CHAPEL HILL ROAD  
ORANGE, CA 92867  
01/04/2005 MBIZUNE2 00000001 10025348

01 FC:1504 300.00 OP  
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03 FC:8001 30.00 OP

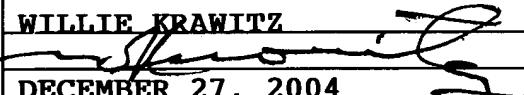
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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

**WILLIE KRAWITZ**

(Depositor's name)

  
**DECEMBER 27, 2004**

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/025,348	12/19/2001	Eduard P. Babayan	1994-A	3445

TITLE OF INVENTION: WOVEN FABRIC WITH A MODIFIED ESTER RESIN FOR USE AS A WET FRICTION LINER

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$685	\$300	\$985	01/03/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
TURNER, ARCHENE A	1775	427-434600

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rcv 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

**WILLIE KRAWITZ**

2 \_\_\_\_\_  
3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

**J. D. LINCOLN, INC.**

**COSTA MESA, CALIF.**

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are enclosed:

4b. Payment of Fee(s):

Issue Fee

**\$700XX**

**\$1,030**

Check in the amount of the fee(s) is enclosed.

Publication Fee (No small entity discount permitted)

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Payment by credit card. Form PTO-2038 is attached.

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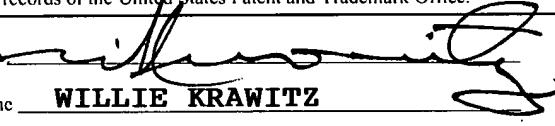
**\$ 30**

The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number \_\_\_\_\_ (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature 

Date **DECEMBER 27, 2004**

Typed or printed name **WILLIE KRAWITZ**

Registration No. **20,782**

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